

**STERLING RECREATION DEPARTMENT**

**PROGRAM SCHOLARSHIP FORM**

**Parent / Guardian Information:**

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State: \_\_\_\_\_

Phone: #\_\_\_\_\_ Email:\_\_\_\_\_

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**I am applying for a scholarship for:**

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ DOB: \_\_\_\_\_ Age:\_\_\_\_\_

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ DOB: \_\_\_\_\_ Age:\_\_\_\_\_

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**Program Information:**

Name of Program:\_\_\_\_\_

Session:\_\_\_\_\_ Dates:\_\_\_\_\_ Time:\_\_\_\_\_ Fee: \_\_\_\_\_

Name of Program:\_\_\_\_\_

Session:\_\_\_\_\_ Dates:\_\_\_\_\_ Time:\_\_\_\_\_ Fee: \_\_\_\_\_

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**Please describe the situation which you feel qualifies you for scholarship money:**

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**Please provide one reference whom we may call to verify need (school principal, clergyman, social worker, ect)\*\*In lieu of a reference, you may substitute a copy of your most recent tax return.\*\***

Name:\_\_\_\_\_

Title:\_\_\_\_\_

Phone:\_\_\_\_\_

Does your child qualify for  
free lunch at school: Y or N  
Please provide confirmation.

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\$	= SCHOLARSHIP AMOUNT
\$	= PARTICIPANT'S RESPONSIBILITY

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Kristen Dietel/ Recreation Director